This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>3/9/10</u>	Address:	<u>W 86.26139</u>
Case #:	<u>16-19572</u>		<u>N 41.7270</u>
County:	<u>Fulton</u>		
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
Chemic	onal Lab cal/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open — No Structure ☐ Other:
(check all the Lithium Red Phe Red Phe Mater I Anhydred Mater I Corrosi Corrosi	nd: Location (bedroom, kitchen, open ain that apply) n/Ammonia Reaction(s): osphorous/Iodine Reaction(s): able Solvents: Open air Reactive Metal (Lithium): Open air cous Ammonia: chloric Acid Gas Generator(s): Open a kive Acid: Open air kive Base: item and location):		
Child und Yes No *If yes, fax re	er age 18 discovered (check one) (number present) eport to Child Protective Services et is to be faxed to the following age	☐ Ephedrin ☐ Retail/M ☑ Other: <u>Co</u>	re Information ne/Pseudoephedrine Tracking Log erchant Tip ommunity tip ocation:
Health Dep Child Prote For further	tment: Fulton County partment: Fulton County ection Service: N/A information regarding this methamph ng Officer: B. Russell Pho	Fax: <u>574-5</u> Fax: <u>574-2</u> Fax: <u>N/A</u> netamine laboratory, cone 765-567-2125	223-2335

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.